

STATE OF HAWAII
DEPARTMENT OF HEALTH
ENVIRONMENTAL MANAGEMENT DIVISION
SOLID AND HAZARDOUS WASTE BRANCH Suite 212
919 Ala Moana Boulevard
Honolulu, Hawaii 96814

USED OIL PERMIT APPLICATION

(Pursuant to Hawaii Administrative Rules 11-279-90 any person who owns, operates, adds, extends, or modifies a used oil or used oil fuel transportation, marketing, recycling, or processing facility must apply for a used oil permit)

I. Type of Operation: (Check the appropriate boxes)

- | | |
|--|---|
| <input type="checkbox"/> Transporter | <input type="checkbox"/> Transfer Facility |
| <input type="checkbox"/> Recycler | <input type="checkbox"/> Processors/Re-refiners |
| <input type="checkbox"/> Fuel Marketer ¹ | <input type="checkbox"/> Off-Spec. Burners |
| <input type="checkbox"/> New | <input type="checkbox"/> Permit Renewal |
| <input type="checkbox"/> Modification (submit Section I and II and modification to current permit) | |

II. General Information

Name of Facility: _____

EPA ID Number: _____

Facility Address (physical location)

Street: _____

City: _____

State and Zip Code: _____

Telephone Number: _____

Mailing Address

Street: _____

City: _____

State and Zip Code: _____

Facility Owner: _____

Telephone Number: _____

¹A fuel oil marketer must also submit an application for a transporter or recycler permit.

Facility Contact

Name: _____

Job Title: _____

Telephone number: _____

Landowner: _____

Address: _____

Telephone number: _____

III. GENERAL DESCRIPTION

Provide a general description of the facility. Include the name and location of the facility and the owner and operators. Also, include a summary of the used oil activities and operations (i.e. container and storage capacities). Likewise, include nearby surface waters, hydrogeology, floodplains, wetlands and other pertinent information.

A. TOPOGRAPHIC MAP

Provide a topographic map of the facility and the surrounding area. Include adjacent properties and boundaries. Identify adjacent properties and structures (i.e. businesses, residential, ocean, vacant or other).

B. SITE MAP

Provide a detailed map of the facility's location. Include the size and location of all buildings and used oil activity areas. Also, include physical and other pertinent structures on the property (i.e. fencing, gates, natural barriers, wells, parking, above or underground storage tanks.)

IV. OPERATIONS ~~NARRATIVE~~ (FOR TRANSPORTERS ONLY)

The following must be submitted:

- A. A site plan of appropriate scale and an operations narrative describing the proposed activity.
- B. A plan describing suitable means to prevent and/or control fires, spills, releases, and stormwater runoff.

V. OPERATIONS MANUAL (FOR RECYCLERS ONLY)

- A. **PROCESS FLOW DIAGRAM** (identify procedures from the point of collection to final disposition and/or treatment, design parameters, operational units and procedures)
- B. **WASTE CHARACTERISTIC ID** (sampling procedures for incoming and/or treated used oil)
- C. **RECORD KEEPING AND TRACKING PROCEDURES** (records of tracking, testing, inspection be maintained for three years, include sample forms)
- D. **DESCRIPTION OF STORAGE AREA** (include capacity, material composition; secondary containment required for storage permit)
- E. **EQUIPMENT TO BE USED** (include operation and maintenance of equipment)
- F. **ACCESS CONTROL AND SECURITY**

V. SPILL AND EMERGENCY PREVENTION AND RESPONSE

Provide a detailed description of procedures to prevent and respond to used-oil spills and emergencies. Include the following applicable information:

- A. **INSPECTIONS OF EQUIPMENT, CONTAINERS AND SURROUNDING SURFACE** (include an inspection log)
- B. **LOADING AND UNLOADING OPERATIONS** (include procedures to load and unload used oil)
- C. **EMERGENCY EQUIPMENT AND TRAINING** (include operation and maintenance of equipment and employee training of equipment)
- D. **RUNOFF** (include procedures to contain and clean-up possible runoff of spilled used oil)
- E. **SPILL PREVENTION, CONTROL AND COUNTERMEASURES (SPCC)** (Submit a copy of the SPCC)

VI. CLOSURE PLAN (transfer facilities, recyclers and marketers only)

The plan must identify steps necessary to perform closure of the facility upon cessation of the permitted used-oil activities. A general description of the closure plan is warranted. A revised closure plan will be completed after the cessation of the permitted activities and assessment of the facility. Include the following applicable information:

- A. **TOPOGRAPHICAL MAP**-Include grading and drainage paths; location and extent of identified contaminants on-site and if applicable off-site.
- B. **MAXIMUM INVENTORY**-Provide an estimated maximum inventory of used-oil ever on site over the active life of the facility.
- C. **REMOVAL AND/OR DECONTAMINATION**-Provide steps needed to remove and/or decontaminate all identified contaminants. Include the equipment to be used.
- D. **SCHEDULE FOR CLOSURE ACTIVITIES**-Closure must be completed within 180 days after the cessation of the used-oil permit or approval of the closure plan whichever is later.
- E. **CLOSURE COST ESTIMATE**-Include at the time of the conclusion of the permitted activities and revision of the closure plan.

CONFIDENTIAL INFORMATION

If you feel the information or a part thereof that you submit to the Department warrants confidentiality, please identify in writing the specific information asserted to be confidential, including a justification of that assertion. All information not asserted to be confidential by the applicant shall be treated as a public record (section 342J-14, Hawaii Revised Statutes).

FILING FEE

A filing fee in accordance with the following fee schedule must be paid at the time the application is submitted and shall not be refunded nor applied to any subsequent application following final action of cancellation or denial for an application. The fee applies to each permit application, renewal and modification requested to DOH. Checks shall be made payable to the State Department of Health.

Recycler and Marketer.....	\$250
Recycler and Transporter.....	\$300
Transporter.....	\$50
Transporter and Marketer.....	\$50

CERTIFICATION

I certify that to the best of my knowledge and belief all of the information submitted is true, accurate and complete. I am aware that there are penalties for submitting false information that may include a civil or criminal fine and/or other civil or criminal actions. By signing this permit application, I acknowledge that I assume responsibility for my facility's compliance with HAR chapter 279 and part IV of HRS chapter 342J, with respect to the facility's construction and operations.

Owner Signature: _____ Date: _____

Name and Official Title: _____

Operator Signature: _____ Date: _____

Name and Official Title: _____